## VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N Supervisor/Operator Performing the Verification Procedure: ID# 3791 Date 10/8/09 A Agency Instrument Location Target Value \_\_\_\_ O79 \_\_\_ High Pressure \_\_\_\_ В Signature (OVER)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.

(5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska. Mita J. Bolz Scientific Director

bscribed and sworn before methis

Notary Seal Stamp)

Noland Notary Hublic, State of Alaska Commission Expires with Office

State Breath Alcohol Program

## **VERIFICATION OF CALIBRATION REPORT**

of DataMaster cdm breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

	DataMaster cdm S/N \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	(CONTINUED FROM FRONT PAGE)
C	TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY DATAMASTER cdm 130579

OCTOBER 08, 2009

OPERATOR'S NAME:

RITALA OPERATOR'S NUMBER: 3791 SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/MI :

O.L. #: A DEPT/AGENCY: ANC1 CASE/REPORT: A

TEST TYPE: V ALCO TARGET VALUE: 079

ALCO S/N: X301563

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.20 ALCO TARGET BLANK TEST INTERNAL STANDARD ALCO TV 30.20 in BLANK TEST SUBJECT SAMPLE BLANK TEST ALCO TV 30.20 in BLANK TEST ALCO TV 30.20 in	in .079 .000 VERIFIED .083 .000 .000 .083 .000	22:31 22:32 22:32 22:32 22:33 22:33 22:34 22:35 22:35
BLANK TEST (349 )	0 8 09	22:33

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY DATAMASTER cdm 130579

OCTOBER 08, 2009 TIME 22:30

--- DIAGNOSTIC CHECK ---

COMPUTER:

OKAY

PROGRAM:

OKAY

SOFTWARE DATE:

12/11/08

HEATERS

SAMPLE CHAMBER: BREATH TUBE:

49c 42c

BAROMETER:

30.20 in

FLOW DETECTOR:

OKAY

PUMP HIGH SPEED:

OKAY

DETECTOR:

OKAY

FILTERS:

OKAY

QUARTZ STANDARD:

OKAY

CALIBRATION:

OKAY

O2/1349

10/8/09